



# UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 3543

SERIAL NUMBER 09/285,292	FILING DATE 04/02/1999 RULE	CLASS 435	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 023070-09140
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## APPLICANTS

DONNA G. ALBERTSON, LAFAYETTE, CA;

DANIEL PINKEL, WALNUT CREEK, CA;  
COLIN COLLINS, SAN RAPHAEL, CA; JOE W. GRAY, SAN FRANCISCO, CA;  
BAUKE YSTRA, SAN FRANCISCO, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 04/29/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	3	70	5
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

22798  
QUINE INTELLECTUAL PROPERTY LAW GROUP, P.C.  
P O BOX 458  
ALAMEDA, CA  
94501

## TITLE

AMPLIFICATION OF CYP24 AND USES THEREOF

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
RECEIVED		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/285,292	04/02/99	435	1643	023070-09140

APPLICANT

DONNA G. ALBERTSON, LAFAYETTE, CA; DANIEL PINKEL, WALNUT CREEK, CA;  
 COLIN COLLINS, SAN RAPHAEL, CA; JOE W. GRAY, SAN FRANCISCO, CA; BAUKE  
 YSTRA, SAN FRANCISCO, CA.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

AMH

NONE

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

AMH

NONE

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

AMH

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/29/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>AMH</u>	<u>AMH</u> Examiner's Initials	CA	3	70

ADDRESS

SEE CUSTOMER NUMBER: 020350

TITLE

AMPLIFICATION OF CYP24 AND USES THEREOF

FILING FEE RECEIVED \$973	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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